ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		2/1		
FORMALITY REVIEW		10-10-1	4/14/99	
		10121	14/21/91	

INDEX OF CLAIMS

_	 · CENINO	
_	 N	rence

Claim Date	To the state of th				
	Claim	Date	Claim	D.,	
Final Origin 12:70	Final Original		¬	Date	
	Origin		Final		
127	51	╶ ┼╌┼╌┼╌┼╌┼┈┼┈┼	Final	11111	
3	52	╶┼╌┼╌┼┈╎┈╎┈	101	╅╼╂╸┨ ╾ ┠ ╾╂╼┨╼┨	
4	53	╶┼╌┼╌┼┈┼┈╎╸	102	╹┞╸┞╸┠╸╏	
5	54	╼┾═┼═┼ <u>╒</u> ┼ <u>╒</u>	103	┼╌┼╌┼╌┼╌┤	
6	55	╀╶╂╌╂╌╏ ╌ ╏ ╌╏	104	┼╌┼╌┼╌┼ ╌┼	
- - - - - - - - - - 	56	╄╶╂╌╂╌╂╌╏ ╌ ╏	105	┞╶┞╸┞╸┠╸╏	
	57	╅╸╃╸╃╸╃	106	 	
	58	╿╸┞╸┞ ╸ ╏╸╏	107		
Z1011	59	 	108		
	60	Ţ_Ţ=Ţ=Ţ=Ţ=Ţ=Ţ	109		
(2) (3)	61		110		
	62		111		
	63		112		
, 15	64		113		
16	65		115		
17	66		116		
18	67		117		
19	68		118	++++	
120	69		119		
21	70		120	┤-┤-┤- ┤- <u>┤</u> -┤	
22	71		121	++-+	
23 /	72 73		122	+	
[24]	74		123	╎	
25	75	++++	124	+ + - - - - - - - - - 	
26	76		125	+ + + + + + 	
27	777	+	126		
28	78	+	127	┞╸┞ ╶╂╌╂╌╏	
30	79	 - - - - - -	128	┞┈┼┈┼┈┤┈╎ ┈┤	
31	80		129	├─┼─┼─┼─ ┼─┤	
32	81	╿╸┦╌╂╌╂ ╌╂╌ <u>╏</u>	130	┝╾┼╾┼╾┼╾┤	
33	82	┝╺┼┈┤┈┤┈┤┈ ┤	131	╼╋╼╂╼╂╾╂╾╂	
34	83	├─┼─┼─┼ ─ ╎	132	╼╄╼╄╼╂╼╂╼┨	
35	84	┞┈┼┈┼┈┼┈┼┈┤┈ ┤ ╽	133		
36	85	^{┡╾┼╾┼} ╾┼ ╸╎ ╸╎	134		
37	86	╶┼┼┼╌┼╌┼ ┼┤	135		
38	87	╶┾╌┼╌┼╌┼╌ ┼╌┤╴├	136	 	
39	88	╶┼╌┼╌┼╌┼ ╌┤	137		
40	89	╶┼┼┼┼┼┼ ┼┼	138	T-1-1-1	
41	90	╶ ┾╌┼╌┼╌┼╌┤╴├	139		
42	91	╶╎╴┼╶┼╶┼ ╶┼ ╶ ┤	140		
	92	╶╎╴┞╌╂╌╂╌╂ ╌╃	141	T	
43	93	╶ ╀╾╀╾╂╾┦╴├-	142		
45	94	╅┋	143		
46	95	▝	144		
47	96	Ţ╶╿╌╿╌╿╌╿ ╌┦╌┦	145		
48	97	 	146		
49	98		148		
50	99	<u> </u>	149		
	100		150		

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)